

Form

990Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2005Open to Public
Inspection**A For the 2005 calendar year, or tax year beginning****B** Check if applicable☐ Address change☐ Name change☐ Initial return☐ Final return☐ Amended return☐ Application pendingPlease
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.**C** Name of organization**American Association of State
Troopers, Inc.**

Number and street (or P O box if mail is not delivered to street address)

1949 Raymond Diehl Road

Room/suite

City or town, state or country, and ZIP + 4

Tallahassee**FL 32308****D** Employer identification no**59-2952895****E** Telephone number**850-385-9501****F** Accounting method: ☐ Cash☒ Accrual ☐ Other (specify)• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable
trusts must attach a completed Schedule A (Form 990 or 990-EZ).**G Website:** ▶ **www.statetroopers.org****J** Organization type(check only one) ▶ ☒ 501(c)(**5**) ◁ (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The
organization need not file a return with the IRS, but if the organization chooses to file a return, be
sure to file a complete return. **Some states require a complete return.**H and are not applicable to section 527 organizations. **I****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instr.)

H(d) Is this a separate return filed by an
organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☒ if the organization is not required
to attach Sch B (Form 990, 990-EZ, or 990-PF)**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12. ▶ **7,939,221****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received					
	a	Direct public support		1a	7,781,086		
	b	Indirect public support		1b			
	c	Government contributions (grants)		1c			
	d	Total (add lines 1a through 1c) (cash \$ <u>7,781,086</u> noncash \$ <u> </u>)		1d	7,781,086		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2			
	3	Membership dues and assessments		3	136,971		
	4	Interest on savings and temporary cash investments		4	10,641		
	5	Dividends and interest from securities		5			
	6a	Gross rents		6a	4,336		
b	Less rental expenses		6b				
c	Net rental income or (loss) (subtract line 6b from line 6a)		6c	4,336			
7	Other investment income (describe: <u>See Statement 1</u>)		7	1,804			
Expenses	8a	Gross amount from sales of assets other than inventory		(A) Securities		(B) Other	
	b	Less cost or other basis and sales expenses		8a			
	c	Gain or (loss) (attach schedule)		8b			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))		8c			
	8d						
	9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
	a	Gross revenue (not including \$ <u> </u> of contributions reported on line 1a)		9a			
	b	Less direct expenses other than fundraising expenses		9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)		9c			
	10a	Gross sales of inventory, less returns and allowances		10a	4,383		
b	Less cost of goods sold		10b	5,806			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c	-1,423			
11	Other revenue (from Part VII, line 103)		11				
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	7,933,415			
Net Assets	13	Program services (from line 44, column (B))		13			
	14	Management and general (from line 44, column (C))		14			
	15	Fundraising (from line 44, column (D))		15			
	16	Payments to affiliates (attach schedule)		16			
	17	Total expenses (add lines 16 and 44, column (A))		17	7,396,898		
18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	536,517			
19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	611,155			
20	Other changes in net assets or fund balances (attach explanation)		20	9,312			
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	1,156,984			

10

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ non-cash \$) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23	Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23			
24	Benefits paid to or for members (attach schedule) Stmt 4	24 473,853			
25	Compensation of officers, directors, etc	25 108,730			
26	Other salaries and wages	26 97,735			
27	Pension plan contributions	27 3,606			
28	Other employee benefits	28			
29	Payroll taxes	29 16,344			
30	Professional fundraising fees	30 6,145,609			
31	Accounting fees	31 50,472			
32	Legal fees	32 77,088			
33	Supplies	33 32,903			
34	Telephone	34 12,592			
35	Postage and shipping	35 20,539			
36	Occupancy	36 27,288			
37	Equipment rental and maintenance	37 10,009			
38	Printing and publications	38 21,051			
39	Travel	39 9,891			
40	Conferences, conventions, and meetings	40 53,378			
41	Interest	41 9,012			
42	Depreciation, depletion, etc (attach schedule)	42 18,560			
43	Other expenses not covered above (itemize)				
a	See Statement 5	43a 208,238			
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 7,396,898	0	0	0

Joint Costs. Check ☐ if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☐ No
 If "Yes," enter (i) the aggregate amount of these joint costs \$, (ii) the amount allocated to Program services \$, (iii) the amount allocated to Management and general \$, and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

► **Providing Services to Members - See Below**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses

(Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts, but optional for others.)

a Providing Educational Materials to Sponsors

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

b Provided Life Insurance Benefits to All Members

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

c Paid Member Retirement Benefits

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

d Special Assistance

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

0

Form 990 (2005)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
Assets	45 Cash-non-interest-bearing	249,467	45	121,315
	46 Savings and temporary cash investments	475,112	46	792,300
	47a Accounts receivable	14,293		
	b Less allowance for doubtful accounts		47c	14,293
	48a Pledges receivable			
	b Less allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use	2,147	52	3,322
	53 Prepaid expenses and deferred charges	3,787	53	3,685
	54 Investments-securities See Statement 6 <input type="checkbox"/> Cost <input type="checkbox"/> FMV	505,929	54	515,241
	55a Investments-land, buildings, and equipment basis	477,456		
	b Less accumulated depreciation (attach schedule) See Statement 7	133,220	55c	344,236
	56 Investments-other (attach schedule)		56	
	57a Land, buildings, and equipment basis			
	b Less accumulated depreciation (attach schedule)		57c	
58 Other assets (describe See Statement 8)	7,882	58	2,748	
59 Total assets (must equal line 74) Add lines 45 through 58	1,618,850	59	1,797,140	
Liabilities	60 Accounts payable and accrued expenses	7,368	60	6,417
	61 Grants payable		61	
	62 Deferred revenue	143,254	62	129,186
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule) See Worksheet	114,755	64b	103,915
	65 Other liabilities (describe See Statement 9)	742,318	65	400,638
66 Total liabilities. Add lines 60 through 65	1,007,695	66	640,156	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	611,155	67	1,156,984
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	611,155	73	1,156,984
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,618,850	74	1,797,140

Yes	No
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▶ 29

75b	X
-----	---

75c	X
-----	---

75d X

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

Yes	No
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76		X
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77		X
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78a		X
-----	--	---

78b		
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79		X
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80a	X	
-----	---	--

and check whether it is ☒ exempt or ☐ nonexempt

81a

81b	X
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Part VI Other Information (continued)

		Yes	No
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	X	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	X	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b		X
c Dues, assessments, and similar amounts from members	85c		
d Section 162(e) lobbying and political expenditures	85d		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a		
b Gross receipts, included on line 12, for public use of club facilities	86b		
87 501(c)(12) orgs. Enter a Gross income from members or shareholders	87a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>			
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		
c Enter. Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958			
d Enter Amount of tax on line 89c, above, reimbursed by the organization			
90a List the states with which a copy of this return is filed <input type="checkbox"/> See Statement 11			
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b		4
91a The books are in care of <input type="checkbox"/> Al Pasini 1949 Raymond Diehl Road Located at <input type="checkbox"/> Tallahassee, FL			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts At any time during the calendar year, did the organization maintain an office outside of the United States?	91b		X
c If "Yes," enter the name of the foreign country <input type="checkbox"/>	91c		X
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92		

Telephone no ☐ 850-385-9501ZIP + 4 ☐ 32308

		Yes	No
91b			X
91c			X

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by sec. 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					136,971
95 Interest on savings and temporary cash investments			14	10,641	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property			30	4,336	
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			15	1,804	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory	453220	-1,423			
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		-1,423		16,781	136,971
105 Total (add line 104, columns (B), (D), and (E))					152,329

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
94	Membership Dues

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer <i>Albert Pasini</i>		Date 5-17-06	
Paid Preparer's Use Only	Preparer's signature <i>Mark A. Ryan</i>		Date 5-16-06	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 Sanders, Sanders & Holloway, P.A. 250 E 6th Ave Tallahassee, FL 32303-6208		EIN 59-1974251	Preparer's SSN or PTIN (See Gen. Instr. W) P00233600
			Phone no 850-222-1608	

Forms
990 / 990-PF**Mortgages and Other Notes Payable****2005**

For calendar year 2005, or tax year beginning

, and ending

Name

American Association of State
Troopers, Inc.

Employer Identification Number

59-2952895

Form 990, Part IV, Line 64b - Additional Information

Name of lender	Relationship to disqualified person
(1) Amsouth Bank	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 180,084	11/01/01	11/01/06	3308.86	7.250
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) Real Estate	Mortgage
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	114,755	103,915
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	114,755	103,915

Federal Statements**Statement 1 - Form 990, Part I, Line 7 - Other Investment Income**

<u>Description</u>	<u>Amount</u>
Royalties	\$ <u>1,804</u>
Total	\$ <u><u>1,804</u></u>

Statement 2 - Form 990, Line 10c - Sales of Inventory

<u>Description</u>	<u>Gross Sales</u>	<u>COGS</u>	<u>Gross Profit</u>
Sale of Inventory	\$ <u>4,383</u>	\$ <u>5,806</u>	\$ <u>-1,423</u>
Total	\$ <u><u>4,383</u></u>	\$ <u><u>5,806</u></u>	\$ <u><u>-1,423</u></u>

Statement 3 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
Net Unrealized Gains on Investments	\$ <u>9,312</u>
Total	\$ <u><u>9,312</u></u>

Federal Statements

FYE: 12/31/2005

Statement 4 - Form 990, Part II, Line 24 - Benefits Paid to or for Members

Description	Amount
Insurance Members	\$ 444,222
Special Assistance Projects	29,631
Total	<u>\$ 473,853</u>

Statement 5 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
Consulting Fees	14,629			
Banking & Misc.	13,579			
Amortization	874			
Donations	6,719			
Dues & Subscriptions	3,165			
Employee Training	1,892			
Education Materials	56,030			
Filing Fees	5,968			
Human Resources	4,909			
Insurance	26,607			
Public Relations	12,570			
Taxes	10,644			
Website Development	9,077			
State Lodge Support	41,575			
Total	<u>\$ 208,238</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

Federal Statements**Statement 6 - Form 990, Part IV, Line 54 - Investments in Securities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
US and State Government	420,050	422,800	
Corporate Stock	85,879	92,441	
	<u>505,929</u>	<u>515,241</u>	

Statement 7 - Form 990, Part IV, Line 55 - Investments in Land, Buildings, and Equipment

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
Office Furniture	\$ 22,066	\$ 19,782	\$ 16,959	\$ 13,560
Building	333,068	91,936	341,025	100,928
Office Equipment	5,908	3,186	5,908	3,742
Computers	15,579	7,327	16,412	5,636
Computer Software	17,583	4,068	17,152	9,354
Land	80,000		80,000	
Total	<u>\$ 474,204</u>	<u>\$ 126,299</u>	<u>\$ 477,456</u>	<u>\$ 133,220</u>

Statement 8 - Form 990, Part IV, Line 58 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Refundable Deposits	\$ 4,260	\$
Loan Cost-Net	3,622	2,748
Total	<u>\$ 7,882</u>	<u>\$ 2,748</u>

Statement 9 - Form 990, Part IV, Line 65 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Member Retirement Payable	\$ 742,318	\$ 400,638
Total	<u>\$ 742,318</u>	<u>\$ 400,638</u>

Federal Statements

Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name	City, State, Zip	Address	Title	Average Hours	Compensation	Benefits	Expenses
Wayne York	Aurora OR 97002	14625 Ehlen Rd.	President	2	12,000	0	0
Robert L. Clay	Reedsville WV 26547	PO Box 243	1st Vice Pres	2	0	0	0
Claude Johnson	Ellendale TN 38029	PO Box 388	2nd Vice Pres	2	0	0	0
David L. Witt	Sheridan OR 97378	14605 Rock Creek Rd.	3rd Vice Pres	2	0	0	0
Tommy Moore	Tallahassee FL 32317	11355 Eva Lane	Treasurer	2	0	0	0
Robert F. Yoakum	Covington TN 38019	1194 Highway 54 East	TN State Dir	2	0	0	0
Keith Barbier	Katy TX 77450	22322 Rangeview Drive	TX State Dir	2	0	0	0
Jason Kelsey	Herber City UT 84032	443 W Edinburg Lane	UT State Dir	2	0	0	0
Jeffrey Lane	Halifax VA 24558	435 Canterbury Drive	VA State Dir	2	0	0	0
Steven Stockwell	Shelton WA 98584	PO Box 281	WA State Dir	2	0	0	0
R.D. Estep	Beckley WV 25801	519 Range Rd.	WV State Dir	2	0	0	0
Al Pasini	Crawfordville FL 32327	24 Carriage Drive	Executive Dir	40	96,730	0	0
Chuck Cave	Ellicott City MD 21042	3157 Pine Orchard Lane #402	MD State Dir	2	0	0	0
Bobb G. Reed	Walls MS 38680	PO Box 294	MS State Dir	2	0	0	0
Michael Doney	Watertown NY 13601	22000 Doney Drive	NY State Dir	2	0	0	0
Ron Kolle	West Fargo ND 58078	943 Sheyenne Park Place	ND State Dir	2	0	0	0
Gerry Gregg	Wilsonville OR 97070	10910 SW Arthur Court	OR State Dir	2	0	0	0

Federal Statements**Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)**

Name	City, State, Zip	Address	Title	Average Hours	Compensation	Benefits	Expenses
Frank Thomas	Dubois PA 15801	1208 S Brady Street	PA State Dir 2		0	0	0
Bryan McDougald	Richburg SC 29729	3470 Victorian Hill Drive	SC State Dir 2		0	0	0
Clarence M. Blue III	Union Springs AL 36087	PO Box 925	AL State Dir 2		0	0	0
Michael Bonin	Peoria AZ 85382	9015 W. Sandra Terrace	AZ State Dir 2		0	0	0
J.D. Johnson	Marianna FL 32446	2950 Spring Chase Lane	FL State Dir 2		0	0	0
Lee Burch	Rockmart GA 30153	180 Williams Road	GA State Dir 2		0	0	0
Paul Summers	Idaho Falls ID 83406	4399 E Sundance Circle	ID State Dir 2		0	0	0
Jim Loveland	Mason City IA 50401	5 College Circle	IA State Dir 2		0	0	0
Steven Jensen	Olathe KS 66062	14425 S Blackfeather	KS State Dir 2		0	0	0
Michelle King	Walker LA 70785	13012 Rebecca Dr	LA State Dir 2		0	0	0
Gordon Koolman	Paso Robles CA 93446	621 Moss Ave	CA State Dir 2		0	0	0
Carolyn Logan	Charlotte NC 28214	7216 Tall Tree Lane	NC State Dir 2		0	0	0

Statement 11 - Form 990, Part VI, Line 90a - States with which a Copy of this Return is Filed.

**Postal
Code**

AL
FL
GA
OR
WV
TN
TX
VA
WA
MD
MS
NV
NY
ND
OK
PA
SC
AZ
LA
MI

Form **4562**
(Rev. January 2006)
Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2005Attachment
Sequence No **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

**American Association of State
Troopers, Inc.**

Identifying number

59-2952895

Business or activity to which this form relates

Form 990 Association**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	102,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	420,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instr	5	

(a)	(b)	(c)	
Description of property	Cost (business use only)	Elected cost	
6			
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2004 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2006 Add lines 9 and 10, less line 12	13	

Note. Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2005	17	17,967
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B-Assets Placed in Service During 2005 Tax Year Using the General Depreciation System

(a)	(b)	(c)	(d)	(e)	(f)	(g)
Classification of property	Month and year placed in service	Basis for depreciation (business/investment use only-see instructions)	Recovery period	Convention	Method	Depreciation deduction
19a 3-year property						
b 5-year property		4,852	5.0	HY	S/L	81
c 7-year property		10,038	7.0	HY	S/L	512
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C-Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr	22	18,560
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2005) (Rev. 1-2006)

DAA

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a

Do you have evidence to support the business/investment use claimed?

Yes

No

24b

If "Yes," is the evidence written?

Yes

No

(a)

Type of property (list vehicles first)

(b)

Date placed in service

(c)

Business/ investment use percentage

(d)

Cost or other basis

(e)

Basis for depreciation (business/investment use only)

(f)

Recovery period

(g)

Method/ Convention

(h)

Depreciation deduction

(i)

Elected section 179 cost

25

Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)

25

26

Property used more than 50% in a qualified business use

%

27

Property used 50% or less in a qualified business use

%

S/L-

28

Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1

28

29

Add amounts in column (i), line 26 Enter here and on line 7, page 1

29

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30

Total business/investment miles driven during the year (do not include commuting miles)

(a)

Vehicle 1

(b)

Vehicle 2

(c)

Vehicle 3

(d)

Vehicle 4

(e)

Vehicle 5

(f)

Vehicle 6

31

Total commuting miles driven during the year

32

Total other personal (noncommuting) miles driven

33

Total miles driven during the year Add lines 30 through 32

34

Was the vehicle available for personal use during off-duty hours?

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

No

35

Was the vehicle used primarily by a more than 5% owner or related person?

36

Is another vehicle available for personal use?

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37

Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?

Yes

No

38

Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?

Yes

No

39

Do you treat all use of vehicles by employees as personal use?

Yes

No

40

Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?

Yes

No

41

Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)

Yes

No

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI

Amortization

(a)

Description of costs

(b)

Date amortization begins

(c)

Amortizable amount

(d)

Code section

(e)

Amortization period or percentage

(f)

Amortization for this year

42

Amortization of costs that begins during your 2005 tax year (see instructions)

43

Amortization of costs that began before your 2005 tax year

43

874

44

Total. Add amounts in column (f) See the instructions for where to report

44

874

Book Asset Detail 1/01/05 - 12/31/05

FYE: 12/31/2005

Asset #	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
Group: Building and Improvements											
297	Building	6/23/93	302,132.77	0.00	0.00	89,413.19	7,746.99	97,160.18	204,972.59	S/L	39.0
298	Roof Replacement	12/21/00	9,220.00	0.00	0.00	1,183.00	292.70	1,475.70	7,744.30	S/L	31.5
299	AC Compressor	1/01/01	2,564.00	0.00	0.00	194.48	65.74	260.22	2,303.78	S/L	39.0
300	Remodeling	6/01/02	13,962.98	0.00	0.00	909.99	358.03	1,268.02	12,694.96	S/L	39.0
306	Install Lighting Fixtures	1/27/04	1,333.00	0.00	0.00	174.56	190.43	364.99	968.01	S/L	7.0
307	2 Ton Air Conditioner	4/20/04	1,480.00	0.00	0.00	25.30	37.95	63.25	1,416.75	S/L	39.0
308	Columns	6/07/04	2,375.00	0.00	0.00	35.52	60.90	96.42	2,278.58	S/L	39.0
314	Heat pump	10/28/05	3,746.00	0.00c	0.00	0.00	89.19	89.19	3,656.81	S/L	7.0
315	Carpet	10/14/05	4,210.94	0.00c	0.00	0.00	150.39	150.39	4,060.55	S/L	7.0
	Building and Improvements		341,024.69	0.00c	0.00	91,936.04	8,992.32	100,928.36	240,096.33		
Group: Computer Equipment											
185 *	HP4 Laser Printer	8/01/93	1,689.53	0.00	0.00	1,689.53	0.00	1,689.53	0.00	S/L	5.0
205 *	365ED Laptop	9/10/96	2,329.88	0.00	0.00	2,329.88	0.00	2,329.88	0.00	S/L	5.0
260	Epson Scanner	11/15/00	318.95	0.00	0.00	318.95	0.00	318.95	0.00	S/L	5.0
263	Laptop Computer	2/26/01	2,266.28	0.00	0.00	1,586.41	453.26	2,039.67	226.61	S/L	5.0
276	Laptop Computer/Monitor	10/13/03	4,384.29	0.00	0.00	1,096.07	876.86	1,972.93	2,411.36	S/L	5.0
305	2 Computers	9/01/04	4,590.25	0.00	0.00	306.02	918.05	1,224.07	3,366.18	S/L	5.0
312	Computer	12/14/05	1,884.46	0.00c	0.00	0.00	31.41	31.41	1,853.05	S/L	5.0
313	Computer	12/14/05	2,967.37	0.00c	0.00	0.00	49.46	49.46	2,917.91	S/L	5.0
	Computer Equipment		20,431.01	0.00c	0.00	7,326.86	2,329.04	9,655.90	10,775.11		
	*Less: Dispositions		4,019.41	0.00	0.00	4,019.41	0.00	4,019.41	0.00		
	Net Computer Equipment		16,411.60	0.00c	0.00	3,307.45	2,329.04	5,636.49	10,775.11		
Group: Land											
301	Land	6/23/93	80,000.00	0.00	0.00	0.00	0.00	0.00	80,000.00	Land	0.0
	Land		80,000.00	0.00c	0.00	0.00	0.00	0.00	80,000.00		
Group: Office Equipment											
142	2 File Cabinets	8/18/93	200.00	0.00	0.00	200.00	0.00	200.00	0.00	S/L	7.0
144	TV/CR Combo	12/31/93	433.34	0.00	0.00	433.34	0.00	433.34	0.00	S/L	5.0
145	Refrigerator GE	5/13/94	175.00	0.00	0.00	175.00	0.00	175.00	0.00	S/L	5.0
161	Lateral File Cabinet	2/03/00	641.99	0.00	0.00	498.75	57.30	556.05	85.94	200DB	7.0
165	Custom Flags/Banner	4/08/02	262.00	0.00	0.00	181.79	22.92	204.71	57.29	200DB	7.0
166	12 White Linen Tablecloths	4/17/02	524.20	0.00	0.00	303.73	45.85	409.58	114.62	200DB	7.0
171	Color Laser Printer	6/10/03	1,399.99	0.00	0.00	971.43	122.45	1,093.88	306.11	200DB	7.0
172	Digital Camera	11/06/03	321.43	0.00	0.00	223.04	28.11	251.15	70.28	200DB	7.0
304	XGA Projector	6/30/04	1,949.99	0.00	0.00	139.29	278.57	417.86	1,532.13	S/L	7.0
	Office Equipment		5,907.94	0.00c	0.00	3,186.37	555.20	3,741.57	2,166.37		

Book Asset Detail 1/01/05 - 12/31/05

FYE: 12/31/2005

Asset #	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
Group: Office Furniture											
1 *	Table	4/30/90	104.97	0.00	0.00	104.97	0.00	104.97	0.00	S/L	10.0
2 *	Chair	4/30/90	30.00	0.00	0.00	30.00	0.00	30.00	0.00	S/L	10.0
3 *	Chair	4/30/90	30.00	0.00	0.00	30.00	0.00	30.00	0.00	S/L	10.0
4 *	Chair	4/30/90	30.00	0.00	0.00	30.00	0.00	30.00	0.00	S/L	10.0
5 *	File Cabinet	6/30/90	610.76	0.00	0.00	610.76	0.00	610.76	0.00	S/L	10.0
10 *	File Cabinet	10/25/90	533.93	0.00	0.00	533.93	0.00	533.93	0.00	S/L	10.0
17 *	Attache Case	5/08/91	66.34	0.00	0.00	66.34	0.00	66.34	0.00	S/L	10.0
18 *	Attache Case	5/08/91	66.34	0.00	0.00	66.34	0.00	66.34	0.00	S/L	10.0
20 *	Desk	7/22/91	694.43	0.00	0.00	694.43	0.00	694.43	0.00	S/L	10.0
26 *	4 Drawer Lateral File - TN	9/04/91	299.00	0.00	0.00	299.00	0.00	299.00	0.00	S/L	10.0
34 *	File Cabinets	10/08/91	610.00	0.00	0.00	610.00	0.00	610.00	0.00	S/L	10.0
35 *	Swivel Chair - TN	10/13/91	197.94	0.00	0.00	197.94	0.00	197.94	0.00	S/L	10.0
37 *	Desk Extension-In Right	12/10/91	694.43	0.00	0.00	694.43	0.00	694.43	0.00	S/L	10.0
49 *	60" Hutch	6/08/92	73.62	0.00	0.00	73.62	0.00	73.62	0.00	S/L	10.0
51 *	(2) Putty File Cabinets	6/18/92	960.86	0.00	0.00	960.86	0.00	960.86	0.00	S/L	10.0
52 *	Office Max File Cabinet	9/11/92	337.28	0.00	0.00	337.28	0.00	337.28	0.00	S/L	10.0
55 *	Sam's Desk & Hutch	12/31/92	855.92	0.00	0.00	855.92	0.00	855.92	0.00	S/L	10.0
56 *	2 Bevis 5' Bookcases	1/28/93	275.40	0.00	0.00	275.40	0.00	275.40	0.00	S/L	7.0
57 *	File Cab4 Dr	2/01/93	144.16	0.00	0.00	144.16	0.00	144.16	0.00	S/L	7.0
58 *	Attache Case	6/24/93	74.89	0.00	0.00	74.89	0.00	74.89	0.00	S/L	7.0
62 *	30X60 Desk	8/01/93	427.96	0.00	0.00	427.96	0.00	427.96	0.00	S/L	7.0
63 *	36" Bookcase	8/01/93	152.64	0.00	0.00	152.64	0.00	152.64	0.00	S/L	7.0
69 *	4 DR File Cabinet	10/18/93	101.64	0.00	0.00	101.64	0.00	101.64	0.00	S/L	7.0
71 *	Dresser BRD Room	11/05/93	253.34	0.00	0.00	253.34	0.00	253.34	0.00	S/L	7.0
72 *	File Cabn Lateral	3/09/94	544.63	0.00	0.00	544.63	0.00	544.63	0.00	S/L	7.0
92 *	Desk and Hutch	10/27/94	427.95	0.00	0.00	427.95	0.00	427.95	0.00	S/L	7.0
93 *	Lateral File Cabinet	11/02/94	544.63	0.00	0.00	544.63	0.00	544.63	0.00	S/L	7.0
96 *	4 DR Filing Cabinet	1/01/95	127.19	0.00	0.00	127.19	0.00	127.19	0.00	S/L	7.0
97 *	Storage Cabinet	2/24/95	213.99	0.00	0.00	213.99	0.00	213.99	0.00	S/L	7.0
106 *	Cabinets in Copy Rm	3/26/96	2,974.60	0.00	0.00	2,974.60	0.00	2,974.60	0.00	S/L	7.0
111 *	Comp. Desk/Hutch	10/01/96	317.99	0.00	0.00	317.99	0.00	317.99	0.00	S/L	7.0
113 *	2 Lateral File Cabinet	12/03/96	1,159.09	0.00	0.00	1,159.09	0.00	1,159.09	0.00	S/L	7.0
116 *	Lateral File Cabinet-Membership	1/27/97	192.59	0.00	0.00	192.59	0.00	192.59	0.00	S/L	7.0
120 *	Lateral File Cabinet	2/02/98	195.43	0.00	0.00	181.48	13.95	195.43	0.00	S/L	7.0
121 *	Lateral File Cabinet	4/21/98	164.48	0.00	0.00	152.75	11.73	164.48	0.00	S/L	7.0
122 *	Lateral File Cabinet	12/02/98	432.99	0.00	0.00	402.09	30.90	432.99	0.00	S/L	7.0
127 *	35 Chairs	4/26/02	1,497.63	0.00	0.00	1,039.17	130.99	1,170.16	0.00	S/L	7.0
128 *	Fire Safe	8/23/02	1,116.45	0.00	0.00	774.68	97.65	872.33	327.47	200DB	7.0
130 *	Office Furniture	3/01/03	331.71	0.00	0.00	189.55	40.62	230.17	244.12	200DB	7.0
133 *	3 Conference Table Chairs	10/13/03	322.47	0.00	0.00	223.76	28.20	251.96	101.54	200DB	7.0
134 *	Conference Table Chair	11/06/03	108.49	0.00	0.00	75.28	9.49	84.77	70.51	200DB	7.0
137 *	Executive Director Desk Unit	11/06/03	1,021.01	0.00	0.00	708.46	89.30	797.76	23.72	200DB	7.0
138 *	Executive Director Office	12/01/03	714.81	0.00	0.00	496.00	62.52	558.52	156.29	200DB	7.0
139 *	Executive Director Office	12/03/03	212.57	0.00	0.00	147.50	18.59	166.09	46.48	200DB	7.0
140 *	Office Furniture	12/03/03	1,393.43	0.00	0.00	966.87	121.87	1,088.74	304.69	200DB	7.0
141 *	Conference Table	12/22/03	425.85	0.00	0.00	295.49	37.25	332.74	93.11	200DB	7.0
311	Reception furniture	2/01/05	2,081.20	0.00c	0.00	0.00	272.54	272.54	1,808.66	S/L	7.0

Book Asset Detail 1/01/05 - 12/31/05

FYE: 12/31/2005

Asset #	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
Group: Office Furniture (continued)											
	Office Furniture		24,147.03	0.00c	0.00	19,781.59	965.60	20,747.19	3,399.84		
	*Less: Dispositions		7,187.68	0.00	0.00	7,131.10	0.00	7,187.68	0.00		
	Net Office Furniture		16,959.35	0.00c	0.00	12,650.49	965.60	13,559.51	3,399.84		
Group: Software											
293 *	Peachtree Software	1/18/02	121.25	0.00	0.00	121.25	0.00	121.25	0.00	S/L	3.0
294 *	Peachtree Software	8/23/02	309.90	0.00	0.00	309.90	0.00	309.90	0.00	S/L	3.0
296	Website Development	3/01/03	1,750.00	0.00	0.00	1,069.44	583.33	1,652.77	97.23	S/L	3.0
309	Peachtree Software	7/01/04	414.85	0.00	0.00	69.14	138.28	207.42	207.43	S/L	3.0
310	Website Development	7/01/04	14,987.46	0.00	0.00	2,497.91	4,995.82	7,493.73	7,493.73	S/L	3.0
	Software		17,583.46	0.00c	0.00	4,067.64	5,717.43	9,785.07	7,798.39		
	*Less: Dispositions		431.15	0.00	0.00	431.15	0.00	431.15	0.00		
	Net Software		17,152.31	0.00c	0.00	3,636.49	5,717.43	9,353.92	7,798.39		
	Grand Total		489,094.13	0.00c	0.00	126,298.50	18,559.59	144,858.09	344,236.04		
	Less: Dispositions		11,638.24	0.00	0.00	11,581.66	0.00	11,638.24	0.00		
	Net Grand Total		477,455.89	0.00c	0.00	114,716.84	18,559.59	133,219.85	344,236.04		

Form **8868**

(Rev. December 2004)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1706

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ▶ ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)****Form 990-T corporations** requesting an automatic 6-month extension-check this box and complete Part I only ▶ ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization American Association of State Troopers, Inc.	Employer identification number 59-2952895
	Number, street, and room or suite no. If a P.O. box, see instructions 1949 Raymond Diehl Road	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Tallahassee FL 32308	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **Al Pasini**

Telephone No ▶ **850-385-9501**

FAX No ▶

- If the organization does not have an office or place of business in the United States, check this box ▶ ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **8/15/06**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶ ☒ calendar year **2005** or
- ▶ ☐ tax year beginning _____, and ending _____

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____

- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____

- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 12-20)